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From the Top

I recently attended the Sergeant Major of the Army's Nominative CSM Conference where the Senior NCO leadership of the Army discussed the future of Noncommissioned Officer Education System (NCOES), as well as other aspects of the institutional domain of the Army Training and Leadership Model, to include BCT and AIT. FM 7-0 describes the institutional domain as focusing on educating and training Soldiers and leaders on the key knowledge, skills and attributes required to operate in any environment.

Current combat operations have demonstrated that every Soldier must be prepared to perform as an infantryman first. Our leaders, Soldiers, and training must adapt to the changing battlefield in which we are now operating and will be operating in the foreseeable future. The sustained engagement of our Army is now the norm. The recently adopted Soldier's Creed emphasizes Warrior Ethos; we have the responsibility to imbue the thought of never accepting defeat, never quitting, and always placing the mission first, into all training that Soldiers receive. We must ensure that they can say with confidence that they are disciplined, physically and mentally tough, trained, and proficient in their warrior tasks and drills.

The NCOES was initially introduced in 1971 as a three level system to ensure formalized, standardized, professional development of NCOs. This later became four levels and is now a

five level system of education. The doctrinal, institutional and structural blueprint developed has served us well and has contributed to the respect and professionalism of the NCO Corps that we have today. However, due to the current and projected OPTEMPO, and the significant NCOES backlog that we are experiencing, we must look at innovative methods of producing the same or better results. We must adapt our training requirements as well



Sandra K. Townsend
CSM, USAMEDCOM

as the training process to meet the demands of an Army at war. In the meantime, we must make every effort to ensure that Soldiers are given every opportunity to attend our formalized NCOES, and that we make the best use of available seats in our NCO Academies. This means NCO leadership ensuring Soldiers are prepared to meet the requirements to successfully complete the training and that the right Soldier is sent to the right school at the right time.

I encourage each of you to be involved in the process of making changes to the institutional domain of the Army Training and Leadership Model, in order to ensure that the result is an enhanced system that better prepares our future NCO Corps for the mission ahead.

Keep us Informed

The Medical Soldiers OUTLOOK office **must** be kept advised of your current address if your unit desires to continue to receive our publication. Copies are still being returned and the most common reasons are relocations and inactivations. In some cases, units have been closed for as long as 2 years. If copies are returned and correct information is not provided, your unit will be **removed** from our database.

We have also been informed that there are medical units not receiving OUTLOOK or not receiving the number of copies needed. If you want to be added to the OUTLOOK database or need additional copies, contact the editor at DSN 471-7326, (210) 221-7326, FAX 8720, or e-mail donald.aldrige@cen.amedd.army.mil. We must keep our database current and not waste funds that can easily be saved. Stay informed; update or add your address information now!

After Action Reviews from Operation Iraqi Freedom

Over the next few months, Outlook will publish the results of the AMEDD's first series of Operation Iraqi Freedom (OIF) After Action Reviews (AARs). The AMEDD Center and School held a series of four OIF AARs with members of units who had returned from Iraq. Covering the pre-deployment through the end of major battle phases of the operation March through May 03, AMEDD personnel converged on the AMEDD's Rock Drill facility to relive their experiences from pre-deployment preparation through completion of post-deployment questionnaires.

From October through December 03, AMEDD unit commanders and staff briefed, discussed, and debated the successes and challenges of each phase of the operation from four viewpoints. The first AAR, held 7-9 October, focused on units at health care levels 1 and 2 with some representatives from level 3 supporting units who operated within the divisions. The second AAR dealt with issues at the CSH and other level 3 units. The third AAR was a discussion of level 4 issues, and the final AAR, in late November, brought in members of the Reserve Component and the Regional Medical Commands.

Each AAR began with operational briefings by each of the major participants on their OIF medical mission, successes, and challenges. "This set the context for the unit experiences," said Greg Rathbun, Chief of the AMEDD's Lessons Learned Office. "In order to move toward fixes for problems, we have to make sure we know the environment in which the problem arose." Following the operational briefings, senior AMEDD officers for the Medical Functional Areas led the discussion of problems and successes for each of their special areas of interest. "The consultants were able to focus in on root causes, not just the symptoms" said LTC Tim Moore, Chief of Strategic Plans and Force Management who oversaw the organization and conduct of the AARs. "We put the senior consultant for a functional area together with a room full of his or her customers – as opposed to having all the aviators talk about Aeromedical Evacuation, or all the logisticians together discussing Class VIII re-supply. As a result, we came up with issues from the customer's point of view, ensuring that problems got the attention they needed to rise to the top."

With the completion of the final AAR, BG Daniel Perugini brought together the AMEDD's Integrated Concept Teams (ICTs) to work resolutions of problems that surfaced during the AARs. Made up of experienced officers, NCOs, and civilians from the worldwide AMEDD, the ICTs were charged with determining which problems could be resolved by adopting work-arounds being used by units on the ground, which could be fixed in the next 2 years and which would take 3 to 5 years to fix. The ICTs have the lead to work Army-wide to get fixes to units in the field and preparing to deploy.

Members of Army Knowledge Online (AKO) can review the discussion and the issues brought up by each of the Rock Drills as well as the work of the ICTs at the AMEDD Lessons Learned website at <http://lessonslearned.amedd.army.mil>, or the AKO AMEDD Lessons Learned page (from the AKO Home Page at <http://www.us.army.mil>, select MEDCOM from the MACOM menu, then Lessons Learned).

AMEDDC&S Registrar

The AMEDDC&S Registrar is responsible for maintenance and security of academic records for all AMEDDC&S courses and provides the interactivity required for grade reporting to universities having AMEDDC&S course affiliations. For questions, **contact:** Christina Litzler, Registrar, DSN 471-6207, (210) 221-6207, or e-mail ameddc&sregistrar@amedd.army.mil.

The AMEDDC&S Registrar does not provide transcripts of military courses completed. The Army/American Council Education Registry Transcript System (AARTS) provides college credit recommendations to help registrars and admission officers at civilian institutions in their evaluation and award of credit for military learning experiences. To request an AARTS transcript, visit their website at www.aarts.leavenworth.army.mil or call 1-866-297-4427 toll free.

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Commander: BG Daniel F. Perugini
Chief, Department of Academic Support & Quality Assurance: Neta T. Lesjak
Editor: Donald W. Aldridge

91WM6 (Practical Nurse/Dialysis) Branch

The 91WM6 (Practical Nurse) Branch implemented a revised Program of Instruction with Class 1-04. The course was updated as a result of the Practical Nurse duty assignment changing from MOS 91C to 91WM6 Additional Skill Identifier (ASI) and to reflect realignment requiring training to refocus with greater emphasis on critical care and trauma. The 300-M6 (Practical Nurse) Course is now taught in three (3) Phases: Phase 1 at the Academy of Health Sciences, Fort Sam Houston (8 weeks), and Phases 2 and 3 at designated MTFs (38 and 6 weeks respectively). The total course is 52 weeks long.

This program replaces the 300-91C10 Course. Soldiers applying for the course must be MOS 91W qualified or hold the 91WY2 designator. To retain the M6 ASI, Soldiers must maintain their 91W MOS, EMT certification, and hold a current valid, unrestricted Practical or Vocational Nurse License. For prerequisites and class dates, access the ATRRS website at <http://www.atrrs.army.mil>.

91WM3 Dialysis Technician Course

The 20-week Dialysis Specialty Course (300-M3) provides selected AMEDD enlisted personnel with the knowledge required to perform safe and effective hemodialysis treatments with additional emphasis on other renal replacement therapies, to include: Peritoneal Dialysis, Continuous Renal Replacement Therapies, and Renal Transplant. The 300-M3 (Dialysis) Course is offered under AMEDDC&S (Department of Nursing Science) proponentcy at Walter Reed Army Medical Center.

The course will begin 28 Jun 04 and conclude 18 Nov 04. The ASI M3 is awarded upon successful completion of the course. If interested in applying, Soldiers must be MOS and ASI 91WM6 qualified. For additional prerequisites, see ATRRS at <https://www.atrrs.mil>.

For more information **contact:** LTC McPherson, 91WM6/M3 Program Director, DSN 471-6172, (210) 221-6172, or e-mail teresa.mcpherson@cen.amedd.army.mil or SFC Shea, NCOIC, DSN 471-4028, (210) 221-4028, or e-mail gregg.shea@cen.amedd.army.mil.

The Army School System (TASS) Regions Accredited

The AMEDD Center and School granted 3-year accreditation status to the following medical training battalions in TASS effective 1 Oct 03:

Region	Battalion	Headquarters	Courses	States Served
B	9th Bn PN Det	Wilmington, DE Wilmington, DE	91W10 BNCOC Ph 4	DE, VA, MD, PA, WV
E	11th Bn PN Det	Columbus, OH Milwaukee, WI	91B10, 91C10, 91D10, 91E10 BNCOC Ph 2, BNCOC Ph 4 (91B, 76J, 91K, 91M) ANCOC Ph 2	IL, IN, OH, MI, MN, WI
G	9th Bn, 5th Bde PN Det	Dublin, CA Pasadena, CA	91WM6 BNCOC Ph 2, BNCOC Ph 4 ANCOC Ph 2	AZ, CA, CO, ID, MT, NE, ND, OR, SD, UT, WA, WY

The TASS Regions C and F will be evaluated for renewal of accreditation during FY 04. **Contact:** TASS Training Evaluators, LTC Massenburg at DSN 471-6497, (210) 221-6497 or MSG Trepkowski at DSN 471-8040, (210) 221-8040.

Professional Postgraduate Short Course Program FY 04

Primary Enlisted Corps Short Courses

75/71 Personnel/Retention/Legal/EO Short Course

Vet NCO Short Course 91R/91T

Senior Dental NCO Short Course

Surgical Support NCO Short Course

91X/71M NCO Short Course

CSM/SGM/SR NCO Short Course (Europe)

Enlisted Corps Quotas in other Corps Courses

TOE Field Medicine Short Course

Strategic Issues Symposium (Executive Leaders)

Hospital Educators Course

Combined Forces Pharmacy Seminar

Medical Laboratory Sciences (Tri-Service)

Joint Field Nutrition Operations Course

Management of Combat Stress Casualties

Advanced Nutrition Support of Combat Casualty/Humanitarian Mission

Institute of Surgical Research – Bum Course

Current Operations in Operational and Environment

FORSCOM Senior Medical Leadership

For details, access the DHET website at <http://www.cs.amedd.army.mil/dhet/index.htm>. Click on Enlisted Training located on the left side of the page. Scroll down for information on how to apply. For more information, **contact:** SFC Thompson, Department of Health Education and Training, DSN 471-0144 or (210) 221-0144.

Mental Health NCO/Chaplain's Assistant Course

The biannual Mental Health NCO/Chaplain's Assistant NCO Short Course (91X/56M, Course 300-A0720) is scheduled for 14-18 Jun 04 at Fort Sam Houston. Areas of discussion include: Mental Health and Chaplain's Assistant role in reintegration training, innovations in Mental Health treatment in the Army, the transitioning role of the 91X in Mental Health services, suicide prevention, and the ASSIST program.

The Mental Health Specialist Branch is now accepting applications from Mental Health and Chaplain's Assistant NCOs to present topics at the course. Individuals who have served in Bosnia, Kosovo, Afghanistan, and Iraq are encouraged to send in proposals for presentations that will provide lessons learned to the field. Other individuals who are involved with innovative programs are also encouraged to submit applications. Central funding will be available on a limited basis, with first priority going to approved presenters.

For additional information **contact:** MSG Matthews, Mental Health Specialist Branch, Department of Preventive Health Services, DSN 471-8610 or (210) 221-8610 or SFC Baller, DSN 471-6601 or (210) 221-6601.

EFMB Test Undergoes Facelift

As of 2 Jan 04, the Expert Field Medical Badge (EFMB) Test standards underwent a revision as the governing document and became AMEDDC&S Pam 350-10. Major changes involve establishing prerequisites for candidates and stipulating a more realistic testing scenario. Candidates will be required to provide documentation of proficiency in cardiopulmonary resuscitation, marksmanship, and satisfactory APFT performance prior to the test date.

The new EFMB Test promotes reaction-style testing in which combat lanes will test 42 of the EFMB's 46 tasks. Candidates have to react to various stimuli from mass casualties to NBC to calling a MEDEVAC and establishing a landing zone. Opposing forces interact with the candidate testing Common Skills Tasks and instill the urgency inherent with the EFMB experience. In addition, the written test contains all medical-related items. For complete changes, visit the EFMB Home page at www.cs.amedd.army.mil/dts/efmbhome.htm. To open this website, an AKO account and password are required.

The revision of the EFMB Pam ensures candidates are tested within simulated scenarios of today's challenging combat environments. Visit the EFMB Home Page for a list of test sites where candidates can earn the coveted badge. To direct questions concerning hosting a test or sending personnel to a scheduled test, **contact:** EFMB Test Control Office, DSN 421-9567/9453, or (210) 295-9567/9453.